

North Canterbury Family Social Work



REFERRAL FORM

CHILD/REN DETAILS				
Family Name	First Name	DOB DD/MM/YY	Gender	Ethnicity

CONTACT DETAILS FOR PARENTS/CAREGIVERS - <u>CARER ONE</u>				
Family Name			First Name	
DOB DD/MM/YY		Ethnicity/Iwi		Relationship to child
Address				
Mobile no.		Email address		

CONTACT DETAILS FOR PARENTS/CAREGIVERS - <u>CARER TWO</u>				
Family Name			First Name	
DOB DD/MM/YY		Ethnicity/Iwi		Relationship to child
Address				
Mobile no.		Email address		

Who has consented to this referral?	<input type="checkbox"/> Carer one	<input type="checkbox"/> Carer two
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Please tick any of the following that apply to this referral.			
Parenting Support	<input type="checkbox"/>	Support for Children	<input type="checkbox"/>
Mental Health issues	<input type="checkbox"/>	Alcohol &/or Drug use	<input type="checkbox"/>
		Family Dynamics	<input type="checkbox"/>
		Family Harm	<input type="checkbox"/>

What are the reasons for this referral? Please give as much detail as possible.

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Risk and Safety
Are there any orders currently in place? E.G. Protection order, parenting orders, trespass.
Are Oranga Tamariki currently involved?
Have there been any past care and protection concerns?
Are there concerns for professionals engaging with this family? E.G. Aggression towards professionals, gang affiliation, aggressive dogs.

OTHER AGENCIES INVOLVED			
Name	Organisation	Role	Contact Number

REFERRED BY			
Person's name		Job title	
Agency name			
Mobile phone no.		Email address	

I, _____, understand that the personal information I have provide to Community Wellbeing North Canterbury Trust ("the Trust") will be treated in accordance with all provisions of the Privacy Act 2020 and any amendments to the Act.

****Please attach any relevant assessments.**

PLEASE SEND REFERRALS TO			
Email: refer@wellbeingnc.org.nz	or	Post to:	Community Wellbeing North Canterbury Trust PO Box 409, Rangiora, 7440 Attention: Clinical Team Leader